MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10,581414 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER 1" AMENDMENT AS FILED 2 MAMENDMENT I"AMENDMENT 2 [™] AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND: DEP. IND. DEP. IND. DEP. ^ $7\bar{1}$ TOTAL IND TOTAL IND TOTAL DEF TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS